

PART B - FEE(S) TRANSMITTAL

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7590

09/29/2004

Richard L Myers
 22782 Avenida Empressa
 Rancho Santa Margarita, CA 92688

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

KENNETH VU	(Depositor's name)
<i>Kenneth Vu</i>	(Signature)
12/27/04	(Date)

12/29/2004 JADD02 00000058 012215 09675851

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 76.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/675,851	09/28/2000	Donald L. Gadberry	A-1719-AV	1189

TITLE OF INVENTION: SURGICAL INSTRUMENT WITH IMPROVED HANDLE ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$685 1400	\$0 300	\$685 1700	12/29/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HALE, GLORIA M	3765	606-142000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Richard L. Myers

2 Kenneth K. Vu

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Applied Medical Resources Corporation

Rancho Santa Margarita, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 12

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-2215 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Kenneth Vu
 TYPED OR PRINTED NAME KENNETH K. VU

Date December 22, 2004

Registration No. 46,323

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application:

Gadberry et al.

U.S. Serial No.: 09/675,851

Filing Date: September 28, 2000

Title: SURGICAL INSTRUMENT WITH
IMPROVED HANDLE ASSEMBLY

Customer No. 21378

Docket No.: A-1719-AV

CERTIFICATE OF FACSIMILE TRANSMISSION
I hereby certify that this correspondence is being
facsimile transmitted to the U.S. Patent and
Trademark Office (Fax No. (703) 746-4000) on
December 27, 2004

KENNETH VU

(Type or print name)

Kenneth Vu
(Signature)

Dear Sirs:

Attached please find the following documents submitted for filing in reference to
the above-referenced application.

1. Fee Transmittal (Part B) (2 copies)

Respectfully submitted,

BY

Kenneth Vu
Applied Medical Resources Corporation**CUSTOMER NO.: 21378**

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